

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney State Bar Number: \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

PB Number: \_\_\_\_\_

**PROOF OF USE OF FUNDS RELEASED  
FROM RESTRICTED ACCOUNT  
AND PROOF OF MAILING**

\_\_\_\_\_ ☐ a Minor or ☐ an Adult

1. **RELEASE OF FUNDS:** The Court ordered the release of funds from a restricted account on (date) \_\_\_\_\_ in the total amount of \$\_\_\_\_\_.
2. **USE OF FUNDS.** I spent the released money as follows: **(The originals of the receipts are attached to this court document.)** (Attach another sheet of paper if necessary.)

**DESCRIPTION OF USE OF FUNDS**

**AMOUNT**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

3. **NOTICE TO INTERESTED PERSONS.** I gave notice of my actions by mailing or hand-delivering copies of this document and the receipts to the following person(s):

<b>NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP TO MINOR/ADULT</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_

Signed: \_\_\_\_\_